Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

January 23, 2017

Mr. Jay Grimes, Manager
Meadows At East Mountain
157 Heritage Hill Place
Rutland, VT 05701-8811

Dear Mr. Grimes:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on December 13, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

JAN 20 2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: _____ B. WING _____	C 12/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATIDN)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site survey was completed by the Division of Licensing and Protection on 12/13/16. The survey included investigation of a facility mandatory report and the re-licensure survey. The following regulatory violations are related to the survey.	R100		
R134 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.a An assessment shall be completed for each resident within 14 days of admission, consistent with the physician's diagnosis and orders, using an assessment instrument provided by the licensing agency. The resident's abilities regarding medication management shall be assessed within 24 hours and nursing delegation implemented, if necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that resident assessments were completed within 14 days for 2 of 9 residents in the total sample. (Resident #7 and #8). Findings include: Per review of the admission assessment for Resident #7 on 12/13/16, the resident was admitted on 5/31/16 and the assessment was signed as completed by the RN on 6/23/16. The admission assessment for Resident # 8 was incomplete and the following sections were omitted: Sec. .1., 1 G, Sec. 4, Sec. 8b. Sec. .1.4. The admission assessments must be completed within 14 days of admission, including the day of admission as day 1. The failure to complete the	R134	**Tag 134, 5.7** The assessments that were found not to be completed timely were completed. All new admissions will have their charts audited after ten days of admission and items not yet completed will be completed. The process will be monitored by the Quality Improvement Committee. Reviews will be conducted monthly for the first three months and then quarterly afterwards. This will be reviewed	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Adm. 1/17/17

R134 - R266 POCs accepted 1/23/17 mcclanan/pm

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R134	Continued From page 1 assessments in a timely manner, was confirmed with the DNS during survey.	R134	in 12 months and frequency adjusted accordingly.	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the care plan failed to address each of the resident's identified needs for 2 of 9 residents in the survey. (Residents #4 and #8). Findings include: 1. Per record review, Resident #4, receives anticoagulation therapy via administration of Coumadin, 5 mg, PO every day. The resident has a medical diagnosis that puts them at increased risk of experiencing blood clots and also has a history of a blood clot in a lower extremity. The current care plan for the resident failed to identify this need and has no goals nor specific interventions to direct staff in monitoring and management of this problem. 2. Per record review, Resident #8 has a medical diagnosis that increases the risks of development of blood clots. The resident also receives daily anticoagulant therapy with Coumadin, a blood	R145	This will be corrected by February 17, 2017.	

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R145	Continued From page 2 thinner. The current care plan failed to identify this need and failed to include goals and specific interventions for managing this problem.	R145	reviewed after 12 months and reviews scheduled accordingly. This plan will be completed by 2/17/17.	
R147 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (4) Maintain a current list for review by staff and physician of all residents' medications. The list shall include: resident's name; medications; date medication ordered; dosage and frequency of administration; and likely side effects to monitor; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the nurse failed to assure that all resident orders for medication included the frequency prescribed for 1 of 9 residents in the total sample. (Resident #2). Findings include: Per review, Resident #2 had 2 physician orders that stated the following: 1. Oxycodone 5 mg. tablet, take 3 tabs (15 mg.) by mouth twice daily. 2. Oxycodone 5 mg. - take two extra doses w/scheduled dose on day #2 patch change as needed for pain. As noted above, the routine Oxycodone orders are for twice daily dosing but the PRN order states to administer 2 extra doses on day #2 patch change w/scheduled dose, but failed to state which time or if in fact it should be given differently. The order is unclear related to	R147		

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R147	Continued From page 3 frequency as written and nurses failed to notify the provider to obtain a clarification of the PRN order. The lack of clarifying the order was confirmed during interview with the unit nurse on the afternoon of 12/12/16.	R147	Quality Improvement Team. This review will re-evaluated in one year and adjusted as appropriate to the findings. This plan will be in place and completed by 2/17/17.	
R148 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (5) Assure that residents' medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN (registered nurse) failed to assure that all resident medications have a supporting medical diagnosis for 2 of 9 residents in the total sample. (Residents #2 and # 6). Findings include: 1. Per record review, Resident #6 had a diagnosis of dementia with agitation and anxiety and depression. The admission assessment (dated 11/3/16) included no evidence of any behaviors indicating that the resident is agitated. The resident is a recent admit to the facility and wanders safely in the home. The resident had orders upon admission for Seroquel 25 mg. PO QHS. There was no documentation in the medical record of any behaviors warranting the use of this classification of antipsychotic medication. There was no evidence of nurses contacting the physician to discuss the appropriateness of use of the medication for this resident.	R148		

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R147	Continued From page 3 frequency as written and nurses failed to notify the provider to obtain a clarification of the PRN order. The lack of clarifying the order was confirmed during interview with the unit nurse on the afternoon of 12/12/16.	R147	**Tag 148, 5.9.c (5)** Resident's #6 physician has been contacted about the appropriateness of the prescribed medication. Per physician order the medication has been continued on the medication and a diagnosis updated. Resident #2 has had the order clarified per their physician. A diagnosis has also been added to coincide with the medication. All resident medication will be reviewed and corrections made as necessary. This will be reviewed monthly for three months and the findings shared with Quality Improvement Team. If, after three months, the Quality Improvement Team finds the reviews acceptable the review	
R148 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (5) Assure that residents' medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN (registered nurse) failed to assure that all resident medications have a supporting medical diagnosis for 2 of 9 residents in the total sample. (Residents #2 and # 6). Findings include: 1. Per record review, Resident #6 had a diagnosis of dementia with agitation and anxiety and depression. The admission assessment (dated 11/3/16) included no evidence of any behaviors indicating that the resident is agitated. The resident is a recent admit to the facility and wanders safely in the home. The resident had orders upon admission for Seroquel 25 mg. PO QHS. There was no documentation in the medical record of any behaviors warranting the use of this classification of antipsychotic medication. There was no evidence of nurses contacting the physician to discuss the appropriateness of use of the medication for this resident.	R148		

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R148	Continued From page 4 2. Per record review, Resident #2 had current orders for 2 different allergy medications with no diagnosis of allergies. The physician orders included: Loratadine 10 mg. PO QD, ordered 3/21/16; and Zyrtec 10 mg., take one tablet by mouth once daily as needed, ordered on 5/18/15. Per review of the MAR (medication administration record) for December, 2016, the MAR included only the PRN orders for Zyrtec. The duplicative orders and lack of a diagnosis was confirmed with the DNS during interview.	R148	will be moved to quarterly. If these reviews are acceptable it will be reevaluated after 12 months. This will be completed by 2/17/17.	
R155 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c. (12) Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, a Medication Technician (MT) was observed to attempt medication administration to 1 of 3 residents in the applicable sample that was not in accordance with facility procedure for medication administration. (Resident #2). Findings include: Per observation of medication administration for Resident #2 on 12/12/16 at 12:05 PM, the Medication Technician (MT) had finished applying a transdermal medication, Fentanyl, and without changing gloves and sanitizing hands, reached for a bottle of Artificial Tears, a lubricant ophthalmic solution, ordered 4 times daily, per the MAR. The surveyor present asked the MT to stop	R155		

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R155 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c. (12) Assume responsibility for staff performance in the administration of or assistance with resident medication in accordance with the home's policies. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, a Medication Technician (MT) was observed to attempt medication administration to 1 of 3 residents in the applicable sample that was not in accordance with facility procedure for medication administration. (Resident #2). Findings include: Per observation of medication administration for Resident #2 on 12/12/16 at 12:05 PM, the Medication Technician (MT) had finished applying a transdermal medication, Fentanyl, and without changing gloves and sanitizing hands, reached for a bottle of Artificial Tears, a lubricant ophthalmic solution, ordered 4 times daily, per the MAR. The surveyor present asked the MT to stop	R155		

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R155	Continued From page 5 and remove soiled gloves, sanitize hands and apply clean gloves prior to instilling the eye drops. Per review of the facility's policy/procedure "EYE DROP ADMINISTRATION", P. 2, PP. 3, "If you have topical or (transdermal) patches to be placed, do them prior to eye drops. Once you have all of this done, remove gloves, wash and dry your hands and put on clean gloves to administer eye drops....." The failure to adhere to the procedure for administration of eye drops was confirmed with the MT at the time and later the same day with the DNS (Director of Nursing Services).	R155	**Tag 161, 5.1** **The nurse that did not properly sign the order has been reeducated on the correct procedure.** **All staff that are able to receive orders will be re-educated on the proper procedure.** **The Director of Nursing, or designee, will review 10 orders per month for the next three months to insure compliance. If the quality improvement team feels the results are satisfactory the review will be done quarterly and reviewed again after a year.** **This will be completed by 2/17/17**	
R161 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies and procedures. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the manager of the home failed to ensure that all medications were handled according to the home's policies related to transcription of provider orders for 1 of 9 residents in the total sample. (Resident #2) Findings include: Per review of the medical record of Resident #2, a requested physician order faxed to the physician on 9/19/16, did not include the name and title of the nurse who wrote the request. Based on a review of the notation "9-25-16, noted	R161		

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R161	Continued From page 6 wc" the DNS confirmed that she was aware of the identity of the author and that the faxed request for new orders should be signed with the name and title of the requesting nurse, per policy. The facility's policy entitled "MEDICATION MANAGEMENT POLICY, revised 12/16, stated: "The RN or LPN receiving a new medication order will assure that the medication transcription is complete by signing off the medication order and transferring the order to the appropriate medication administration record or treatment administration record." Refer also to R165.	R161		
R165 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and	R165		

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R165 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and	R165		

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R165	Continued From page 7 Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN failed to assure that each resident's medication regime was assessed for appropriateness and safety related to their overall condition and diagnoses for 1 applicable resident in the sample. (Resident #~~8~~ 9) Findings include:: Pre review of the MARs for Resident #~~8~~ 9, there were multiple current physician orders for acetaminophen, including routine and PRN (as needed) orders, alone and in combination with other medication. There was no maximum daily total dosage of acetaminophen specified by the provider. Nurses had failed to assess the potential danger of possible acetaminophen toxicity due to potential administration of levels above the recommended levels for adult and elderly residents. Acetaminophen in larger than recommended doses is extremely toxic to the liver and may cause liver damage. Note that the recommended daily maximum dose for healthy adults is 4000 mg.* The current orders for this medication included the following: 1. Tylenol w/codeine (300/30 mg.) 1 tab PO every 6 hr. as needed. (date ordered 11/16/16). 2. Tyl. P.M. EX-STR caplet (500 mg.), take 1 cap by mouth once daily at bedtime (HS) as needed. (9/26/16). 3. Acetaminophen 500 mg, take 1 tab by mouth every 4 hours as needed (10/3/16). 4. Tyl. 500 mg. tab, take 2 tabs (1000 mg.) by mouth once daily at bedtime (states watch max.	R165	This will be completed by 2/17/17.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1002	A. BUILDING: _____ B. WING _____	C 12/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS AT EAST MOUNTAIN	157 HERITAGE HILL PLACE RUTLAND, VT 05701

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R165	Continued From page 8 daily dose, however none specified) 5. Additionally, the physician signed Standing Orders (S.O.) that included "Tylenol 650 mg. PO every 4 HR PRN pain/fever and/or temperature 101 degrees F. or greater. Per review of these S.O., the Tylenol order has a line through it and has written beside the order in a different handwriting from the physician's signature "see PRN Tylenol ES order." The DNS stated during interview that she recognized the handwriting as that of a LPN on staff. There was no indication that the LPN who had altered the physician's order had an order to do so. The total number of milligrams (mg.) of Tylenol/acetaminophen that could be received through these orders equaled 8,300 mg. daily, far in excess of 4,000 MG for healthy adults. There was no evidence that nurses were aware of and monitoring and assessing each resident's medication regime for appropriateness and safety and notifying the provider of orders that present a safety concern for the resident. During interview on 12/13/16 at 3:45 PM, the DNS agreed that the multiple orders for Tylenol/acetaminophen and transcription issues were a concern regarding Resident #2. * Reference: Nursing 2011 Drug Handbook, P. 367, Indications & Dosages, Adults, Maximum, 4 GM (grams) daily.	R165		
R248 SS=D	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.c. All work surfaces are cleaned and	R248		

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R248 SS=D	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.c. All work surfaces are cleaned and	R248		

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R248	Continued From page 9 sanitized after each use. Equipment and utensils are cleaned and sanitized after each use and stored properly. This REQUIREMENT is not met as evidenced by: Based on observations and staff interview, the Food Service Director failed to assure that all dietary work surfaces were cleaned and sanitized after use. Findings include: Per observation of the kitchen areas on 12/12/16 at 10:15 AM, the stove top and metal backsplash were heavily soiled with a build up of grease and grime. The shelf on the back splash of the stove was also heavily soiled with grease and dust. Also observed was a table with a slicer machine that had staff clothing, including outer wear, stored on the same table and touching the slicer machine. The FSD confirmed that staff's clothing should not be stored in the kitchen area. Some of the walls, doors between the kitchen and dining room and baseboard trim in the kitchen was visibly soiled and in need painting, to facilitate cleaning and provide a washable surface.	R248	changes made based about the findings. This will be completed by 2/17/17.	
R266 SS=B	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by:	R266		

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R266 SS=B	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by:	R266		

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R266	Continued From page 10 Based on observation and staff interview, the home failed to provide a sanitary and homelike environment in all areas of the home. Findings include: Per observations of the large resident dining room during the initial tour of the home, the following areas of the dining room had areas that were soiled and in need of painting: The doors from the dining room into the kitchen, the walls in some areas and the baseboard trim around the perimeter of the room needed repainting. A large storage hutch in the dining room had visible dust on several surfaces. The FSD confirmed these identified areas needed cleaning and/or repainting.	R266	Findings of these weekly rounds will be shared with Quality Improvement Team monthly. Changes will be made based on the recommendation of the Quality Improvement Team. These items will be completed by 2/17/17.	

The Meadows

AT EAST MOUNTAIN

157 Heritage Hill Place, Rutland, Vermont 05701
(802) 775-3300 Fax (802) 770-5290

1/17/17

DAIL
DLP
Attn: Ms. Pamela Cota, RN
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060

Dear Ms. Cota,

Attached are the plans of correction from our survey on 12/13/17. I assure you we are well on our way to correcting these items.

The original survey report contained two errors when stating which resident record showed the deficient practice. I corrected these on tags 161 and 165. I only point this out in case there is a resurvey and the reviewer finds we didn't correct the item. I hope it was acceptable to do it in this manner. If there is anything else I should have done please let me know and I'll be happy to assist.

If you have any questions on these correction please let me know.

Thank you for your assistance.

Sincerely,

Jay Grimes
Administrator